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Bib Data Sheet

CONFIRMATION NO. 3458

SERIAL NUMBER 09/939,385	FILING DATE 08/24/2001  RULE	CLASS 514	GROUP ART UNIT 1623	ATTORNEY DOCKET NO.
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 09/27/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY FL	SHEETS DRAWING	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 5
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## TITLE

ULTRA-HIGH FIBER SUPPLEMENT AND METHOD OF REDUCING WEIGHT CARDIOVASCULAR RISKS AND INGESTED TOXINS.

FILING FEE  RECEIVED 1011	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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